Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	08/29/2014	Street:	C.R. 500 E. @ C.R. 700 N.
Incident #:	14ISPC007380	Apt, Lot, Room #:	
County :	JENNINGS	City:	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
☑ Lab Seizure☐ Chemical Seizure☐ Equipment Seizure☐ Dumpsite Seizure		Residence Outbuilding Vehicle Other:	Business
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown			
<u>Items Found: Location</u> (bedroom, kitchen, open air, etc) (check all that apply)			
 ☐ One Pot or Birch Reaction(s): ☐ Red Phosphorous/Iodine Reaction(s): ☐ Hydrochloric Acid Gas Generator(s): ☐ IN BAG ALONG ROADWAY. ☐ Flammable Solvents: ☐ Water Reactive Metal (Lithium): IN BAG ALONG ROADWAY. 		Anhydrous Ammonia: IN TANK ALONG ROADWAY. Corrosive Acid: Corrosive Base: Ammonium Nitrate/Sulfate: Other (item and location):	
Child under	age 18 discovered (check appropriate)		
No No	(number present) not present but evidence they reside	uncle. Estimated occurring	length of time manufacturing had been
Vehicle, Tra	vel Trailer, RV or Watercraft Inforn	nation:	
Owner: VIN: Year:		Make: Model: Color:	
This report l	nas been faxed* or emailed to the fol	lowing agencies	that serve the location:
Fire Department: <u>CAMPBELL TWNSHP.</u> Health Department County: <u>JENNINGS CO.</u> Department of Child Services Hotline: <u>dcshotlinereport</u>		Fax: 81	2-458-6953 2-352-3030 2 Fax: 317-234-7595 or 317-234-7596
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>TROOPER MARTIN A. MEAD</u> Phone <u>812-689-5000</u>			
*This form is to b	a favored to the Eine Donautmant Health Donaut	mont and/or Don	nent of Child Company listed within 24 harman

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.